

UNITED STATES DISTRICT COURT

for the

Middle District of Tennessee

Nashville Division

Case No.

NO. 3:24-cv-00381
(to be filled in by the Clerk's Office)

Joseph Morris # 318615

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

CORE Civic, et al

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Judge Trauger
Magistrate Judge Holmes

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JUL 30 2024

U.S. District Court
Middle District of TN

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Joseph Norris
 All other names by which
 you have been known: NA
 ID Number # 318615
 Current Institution T.T.C.C.
 Address 140 macan way
Heartsville T.N. 37074
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name M.D. Poe
 Job or Title (*if known*) M.D. At T.T.C.C.
 Shield Number NA
 Employer T.T.C.C. medical Dept.
 Address 140 macan way
Heartsville T.N. 37074
City State Zip Code
☐ Individual capacity ☐ Official capacity

Defendant No. 2

Name M.D. Woods
 Job or Title (*if known*) M.D. At T.T.C.C.
 Shield Number NA
 Employer T.T.C.C. medical Dept.
 Address 140 macan way
Heartsville T.N. 37074
City State Zip Code
☐ Individual capacity ☒ Official capacity

Defendant No. 3

Name

CEO / President of Core Civia

Job or Title (if known)

CEO / President of Core Civia

Shield Number

NA

Employer

Core Civia

Address

5501 Virginia Way, Suite 110

Brentwood

T.N.

37207

City

State

Zip Code

☐ Individual capacity

☐ Official capacity

Defendant No. 4

Name

The Herd

Job or Title (if known)

Warden of T.T.C.C.

Shield Number

NA

Employer

T.T.C.C.

Address

140 Mason Way

Heartsville

T.N.

37074

City

State

Zip Code

☐ Individual capacity

☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th Amendment Under Amendment

§

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials? I suing 8th Amendment

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

I was denied medical by psp. 2 years then I've have had seizure cause they

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

Sumner County Hospital - McHenry Hospital

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

pod B-A-103 - AB-203 - medical - summer - McHenry Hospital

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D. No backjese, want and wouldn't answer none of my sick calls, The Kitchen was given my tray's they knew I couldn't eat which stop me from taking my meds, medical steel give me meds that's hurten not helper me.

IV,

B. 2023 to 2024,

The hint on my life here at T.T.C.C 7-7-24
4:30 ~~pm~~ AM to 5:30 AM.

5 of 11

D. The Kitchen feed me the same tray Breakfast, Lunch, dinner i put grievance's back to back. My vision going out do to lack of medical with clock comes 4 years with no help and still none. Now I've been haven a hit on my life here since 7-7-24 more.

Page 4 of 11

B,

D Cause they would help me die 2 1/2 times because of that, I was also because I kept telling them my stomach is miss up now I got a Bacteria eaten my stomach line. I've die behind have a sick of cell A & Locke be blind - them not help me, Made me and a cell with a close custody Inmate Webb-599333, Feed the same food over and

I V.

B,

~~For~~ M.D. Poe, M.D. Woods, Both would not help me at all No matter how badly I was and still is at this moment. To the point I had a seizer and sick cell disease, I kept telling them something wrong with my stomach wouldn't listen now I got a Bacteria eaten my stomach line. I got come my vision going in and out do to the lack of medical,

A

Summer County Hospite, McHenry Hospite, T.I.C., C.I.C. 2023 to 2024

D,

Bacteria eating my stomach line, Now I have a hit on my life here at T.I.C. 7-7-24 - 4:30 AM, 5:30 AM,

V,

Page 8 of 11

G,

Date sent out by Amberlane 2x that night. See eye DR.

I get real medical help like now before die. And I ~~was~~ get some place were my life is safe do to the Hit on my head ~~here~~ here at T.I.C. do to Inmate's and CO's, and can relize mentally,

Page 5 of 11

D,

Corelva 2023 to 2024

The Hit on my life 7-7-24 to 8:40 AM to 5

4:30 AM to 5:30 AM, wedd 599333 close custody Inmate ~~they~~ they made me and the cell with for 2 months we got to fight -

C. What date and approximate time did the events giving rise to your claim(s) occur?

Can't remember Brain spots on the mercy lost

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I Die and up at Summer Hospital, vision goes in and out

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Sick of cell after which I die from and they want tell

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

100 million For mental, psych, Physical, material, sexual, spiritual

5 of 11

V,

I Die behind it, was put in cell with close custody,
Inmate would SE9333 were we got to fight. 2K's
Union getting bad. Hope my finger's been back by Nurse
Jackup, was not feed for days some time's, Am shot
in the hip by C.O. white. I was suspect to get special tray's
Starte 7-3-2024-4-4-2024-7:12 A.M. HIPAA
law been broken from by Nurse's tellen staff and
Inmate's Now they know how to hurt me do to that
Now I have a hit on my life do to me written
grievance and a lot of — C.O. staff got losted.
Relation, discrimination

VI

100 million dollar's present some place my life and safety
is safe, and I can get real medical treatment do to all
this in mental, phs. Pshy. motionly, sexualy, spiritly,
medically hurt enrage

7-of 11

2,

The Hit on my life that start 7-7-24 4:30 AM
5:30 AM. where's some guards gave some ~~to~~ Inmates
some keys to get in my cell to Kill me.

9.

I sent to Warden, TDOC Commissioner, CEO/President
FBI, you all Federal court,

Page 8 of 11

G

were they want put me in the cell with close custody inmate
And I'm not, get real

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

T.T.C.C. Traskdale Turner Correction Center

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

All of them hope I answer that right

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☒ No

on file grievance at T.T.C.C.

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

All that what medic, kitchen, T.T.C.C. are doing wrong

2. What did you claim in your grievance?

medicail, my life, Health, Food, Safety here at T.T.C.C.

3. What was the result, if any?

None like there still a hit on my head no help

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Warden
Take them and still to T.D.C.C. commision

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I did

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I did

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

To be sent some place were there's not a hit on my head and
(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☒ Yes

☐ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

State claim, which I still don't know if I'm or not

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes

☐ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Joseph Norris 3/86/5

Defendant(s)

DR. LAURE

2. Court (if federal court, name the district; if state court, name the county and State)

Federal were your at.

3. Docket or index number

N/A

4. Name of Judge assigned to your case

Brown/you id thank,

5. Approximate date of filing lawsuit

'Cant Remember

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

did state claim righty

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Dismiss for not stated claim.

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment? This one

☒ Yes
☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

~~Joseph~~ Joseph Norris

Defendant(s)

Williston County Sheriff Dept

2. Court (if federal court, name the district; if state court, name the county and State)

Judge Brown middle Dist. Nashville

3. Docket or index number

NA

4. Name of Judge assigned to your case

Judge Brown

5. Approximate date of filing lawsuit

NA

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition

didn't state claim rightly

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

dismissed No and No

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7-21-24

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address



Joseph NORRIS

318615

116 Macon Way

Heartsville

City

T.N.

State

37074

Zip Code

B. For Attorneys

Date of signing: _____

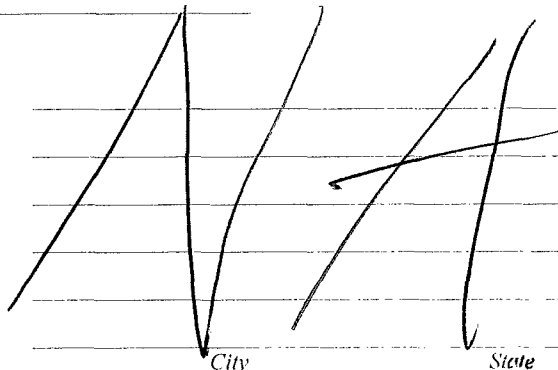
Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address



City

State

Zip Code

Telephone Number

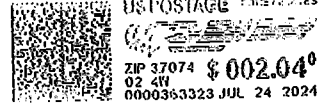
E-mail Address

Joseph Norris #3/8615

140 Macon Way

Hearshunk T.N. 37074

Pod-A-B-203



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JUL 30 2024

U.S. District Court
Middle District of TN

THE DEPARTMENT OF CORRECTION
TTCC HAS NEITHER INSPECTED
NOR CENSORED AND IS NOT
RESPONSIBLE FOR THE CONTENTS

Mile stone seen who
got this out the door time
and date 3rd one in a week
2 you.

~~sent~~ 7-21-24

Sent not pop or open
and any way life
depend on you

~~7-24~~ 7-8-24

4:50 to 5:30 A.M.

Dodge Trauger
Middle District of TN

719 Church Street, Suite 1300

Nashville, TN 37203

Official Business

P.S. There A Hot on me, has had been
since 7-8-24